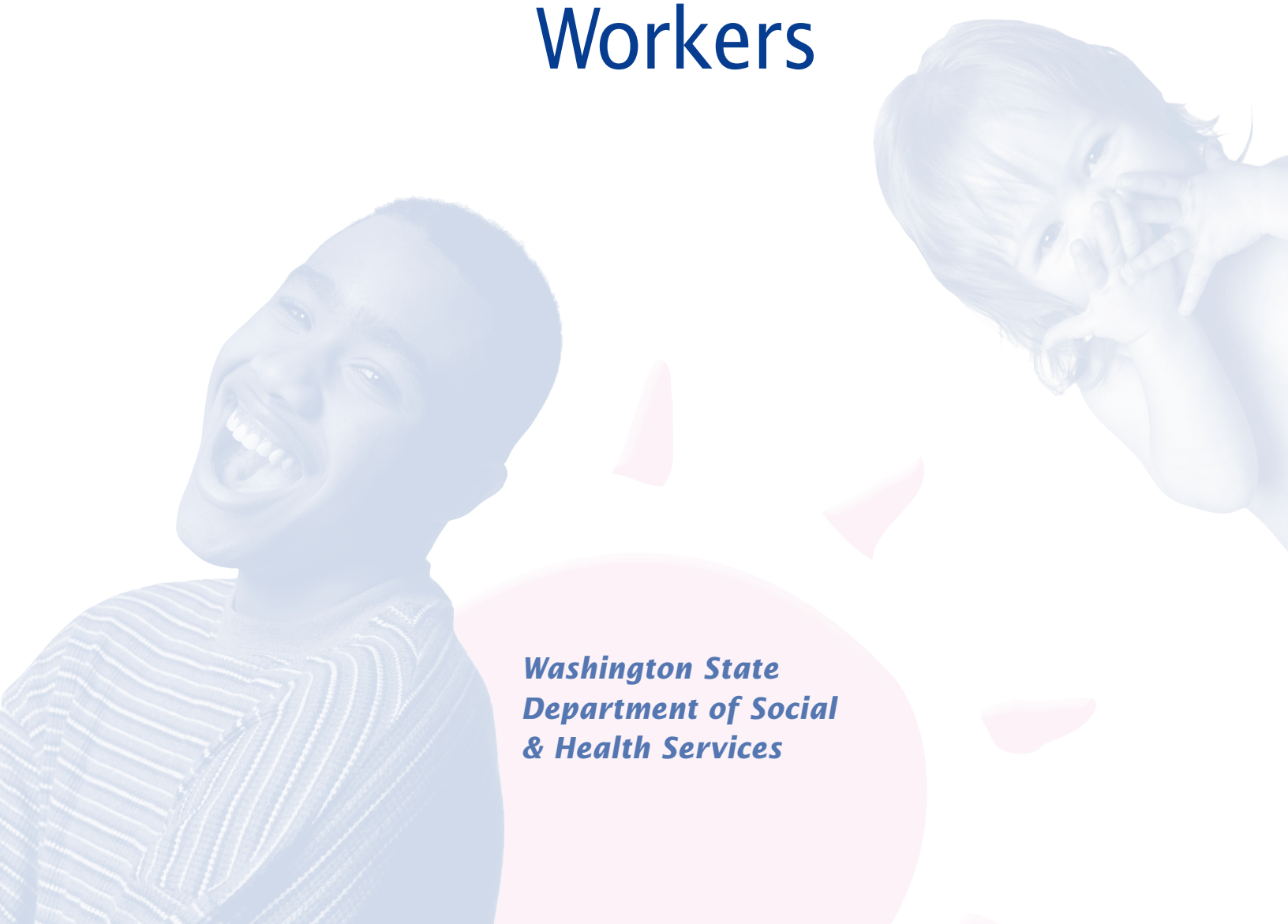
Bringing hope & promise to children's lives

KidScreen

Kidscreen Guide for Social Workers



Washington State Department of Social & Health Services

Many things we need can wait, the child cannot.

- Gabriela Mistval
  Chilean Poet

This guide is designed to assist social workers in understanding the Kidscreen program, Its importance for children on their caseloads, and their role in using Kidscreen information to develop a plan meeting the specific needs of these children. Kidscreen is part of the "Kids Come First" action agenda and Kidscreen is an important part of the services provided to children in placement. Kidscreen helps us to "grow" children to their potential. Kidscreen can help children by:

- Earlier and more comprehensive identification of each child's needs;
- Development of specific plans to meet their needs; and
- Ensuring that the key adults in the child's life know what their roles and responsibilities are in meeting the child's needs.

Contents

The Kidscreen Program

CHILDREN TO BE SCREENED

Children who are under the department's legal jurisdiction to include:

- Children entering care through CPS, CWS, and FRS who are expected to remain in care beyond 30 days;
- Children placed in foster care or relative care;
- Children placed in private agency placements; and
- Children placed under Voluntary Placement Agreements.

DOMAINS BEING SCREENED

Kidscreen provides a comprehensive screening of children. Kidscreen gathers information, identifies needs, and develops plans for children across 5 important major life domains.

1. Physical
2. Developmental
3. Family/social
4. Educational
5. Emotional/behavioral

TOOLS FOR SCREENING

Three standardized, validated tools are used in the Kidscreen process. The child's age will guide which tools are used to screen him/her. Other existing methods and/or resources will also be used to gather pertinent information. The tools/methods used for each of the domains are:

PHYSICAL DOMAIN

- Well Child (EPSDT) medical examinations will be used to screen for physical and medical issues.

DEVELOPMENTAL DOMAIN

- Ages & Stages Questionnaires (ASQ), or the Denver Developmental Screening (DDST - II) will be used to screen infants and young children for developmental issues.

FAMILY/SOCIAL

- Existing information about the family available from the social worker or the case file will be used to collect important information about family/social issues.

EDUCATION

- School records will be used to collect current educational information about a child.

EMOTIONAL/SOCIAL

- The Child Behavior Checklist (CBCL) will be used to screen children for emotional/behavioral issues.

THE KIDSCREEN PROCESS

There are 6 steps in the Kidscreen process.

1. The social worker gathers information about the child and family at the time of placement.
2. The child is Identified for screening and referred to the Kidscreen Specialist.
3. The Kidscreen Specialist completes the screening and prepares a screening report.
4. The specialist arranges a staffing - in conjunction with the social worker - at which an Action Plan to meet the needs of the child identified through the screening is developed.
5. The Action Plan is shared with those adults who play an important role in implementing the plan (e.g. parents, caregivers and service providers), and is included in the child's individual ISSP.
6. The social worker reviews and tracks the implementation of the child's action plan/service plan.

Screening Specialists

The screening of all eligible children will be done by Kidscreen Specialists. Kidscreen Specialists have been designated in all regions of the state to complete screenings on children. Specialists have received training to administer, score and interpret the screening tools. Some specialists may cover more than one office. They will rely on, and collaborate with the child's assigned social worker, to complete the screening within 30 days of placement.

The specialist will:

- Screen all children under the department's legal jurisdiction who are expected to remain in care beyond 30 days.

  Each office will be developing a system for identifying and referring children for screening. The child's assigned social worker, may be involved in this by filling out a brief Kidscreen referral form listing demographic information about the child. Once the specialist receives the information, he/she will contact the social worker about the next steps for completing the Kidscreen. This will include referring the child for a Well Child/EPSDT medical exam.

- Use the standardized Kidscreen tools to screen the child. The tools used will depend on the age of the child. The specialist will complete five Kidscreen domains for all children. He/she will make arrangements to obtain information from the birth parents, or other caregivers depending on which tool is used. The specialist may also obtain information from Infant-Toddler Early Intervention Programs (ITEIP), Headstart, or day care providers that are familiar with the child.

  (Tool Descriptions are in the Appendices.)

- Collaborate with and obtain specific family/social information from the assigned social worker. The child's assigned social worker generally has much important information about the child and family that can be very useful in the screening process. Some of this information may be available from the case file. For CPS cases, this information is part of the risk assessment. For FRS cases, some of this information is contained in the family assessment. For CWS cases, some information is gathered as part of the on-going assessment. Some of this information may not have been entered into CAMIS at the point of screening, so the specialist will ask the social worker to provide this information through a short focused interview.

  (Preliminary Identification of Issues Form is in the Appendices.)

- Immediately alert the social worker regarding any important health, or other information arising from the screening process, that indicates the child requires immediate attention. Some examples are:
  - Did the child recently experience a serious illness?
  - Has this child been hospitalized within the last few weeks?
  - Does the child have a current medical condition requiring assessment or treatment?
- Contact the child's school for educational information, i.e. IEPs, and current academic information. Although this information will be used to complete the educational domain, one of the tools used (CBCL) asks for additional information from the child's teacher. The Caregiver-Teacher Report Form (C-TRF) will be used to obtain emotional/behavioral information in cases where the child's parents may be unavailable, or unwilling to provide this information.
  (Tool descriptions are in the appendicies)
- Enter information in the child's Passport. This will build upon the information initially entered by the social worker.
- Provide screening results and interpret these results for the child's social worker. After administering the appropriate tools, the specialist will score the results. The specialist will gather all of the information completed for each of the five domains, and document this information in the Kidscreen Evaluation Results - Staffing and Action Plan report.
  (A copy of this Staffing and Action Plan is in the appendicies)
- Participate in the staffing and development of the Action Plan for each child they screen.

The Social Worker's Role In The Kidscreen Process

The social worker is responsible for:

- Gathering information about the child and family at the time of placement;
- Providing child and family information to the Screening Specialist;
- Working with the specialist to ensure a timely Kidscreen staffing;
- Ensuring the development of an adequate Action Plan;
- Sharing the Kidscreen Results and Action Plan with parents, caregivers, and other service providers;
- Ensuring documentation and inclusion of the Action Plan in the child's ISSP;
- Finding resources to match the child's identified needs; and
- Reviewing and tracking the implementation of the Action Plan.

GATHERING INFORMATION ABOUT THE CHILD AND FAMILY AT THE TIME OF PLACEMENT

This is an existing social worker responsibility and includes:

- Obtaining health/medical information about the child from the parents at the time of placement. This is sometimes the only opportunity to do so, and the child's health could be compromised if this is not done. It is understood that there may be times when parents are unwilling or unable to provide this information. Specialists will assist the social worker in obtaining Well Child/EPSDT medical examinations for children in out-of-home care. CA policy requires that children obtain these examinations within 30 days of placement.
- Providing background information (health/medical, relatives, school, etc.) to foster parents or relative caregivers when the child is placed. This provides a smoother transition and hopefully lessens the trauma for the child. Without adequate information about the child, the caregiver may not be able to meet important needs of the child.
- Entering placement and legal information into CAMIS as soon as possible, and within five days of placement (this is CA policy). Children to be screened will only be identified if their placement is entered in CAMIS. The placement data also drives Medicaid eligibility for a child in foster care, and will facilitate medical eligibility for a child placed with relatives.

- Entering information into the SW Menu in Passport when children are placed. Social workers do not need to wait for the 90 day Passport process to begin. This menu is available to the child's assigned social worker. The specialist and eventually the Passport nurse will refer to this information. Social workers can only enter information on non-medically related screens (behavior, education, counseling, routine, and appointments). Names and phone numbers of health care providers are particularly helpful. If you do not enter information into Passport, you must use the Health & Education Form or a placement form that includes health and medical information for the child.
- Immediately alerting the screening specialist of any new health concerns, behavioral changes, or other important information that indicates a significant change for the child. Some examples are:
  - An upcoming medical procedure;
  - An imminent return home or other change of placement; or
  - A change in the visitation schedule with parents.

Kidscreen Staffing And Development Of Action Plans

This is a joint responsibility of the social worker and screening specialist.

- The child's assigned social worker, Kidscreen Specialist, the supervisor, AND where possible, the child's parents, caregivers and other service providers meet to review the Kidscreen Results. Private agency liaisons may be included in the Kidscreen staffing depending on the private agency agreement.

  NOTE: Confidential health issues, such as HIV, are not to be disclosed to everyone present at the Kidscreen staffing. Caregivers are entitled to this information. The laws governing confidentiality are complex. Staff should refer to CA Case Services Policy Manual "Chapter 4000, Section 4100 - Requirements For All Case Planning, 4120 Confidentiality." If questions remain, discuss this with your supervisor or an AAG.

- An Action Plan is developed at the staffing. This Action Plan is developed to meet the specific needs of the child identified through the screening process. The Action Plan indicates each need, the plan for meeting the need, who is responsible for carrying out each part of the plan, and the time frames for doing so.

- The Action Plans are developed collaboratively by those present at the staffing and are then included in the child's case plan. The specialist will complete this document and give it to the assigned social worker after the staffing.

  (A copy of the Kidscreen Results - Staffing and Action Plan is in the Appendices.)

- Kidscreen Action Plans must be included in the child's Individual Service & Safety Plan (ISSP), under "Recommended Services and Responsibilities for the next six months, Part C. 2. Child." An ISSP must be written when any child is in placement for 60 days - whether or not there is court involvement. If a dependency petition has been filed, and a fact-finding hearing is scheduled ahead of Kidscreen completion, the social worker will not have Kidscreen results. The Kidscreen results must then be included in the next ISSP. Social workers should include a statement in the case plan for the child that a Kidscreen is in process.

- The child's social worker also uses the Kidscreen Evaluation Results - Staffing and Action Plan to discuss and develop the ISSP with the birth parents.

- Some examples of how Kidscreen can be used by social workers include:
  - Attach it to the ISSP - to support the decision to file for dependency;
  - Provide a copy to the caregiver;
  - Provide a copy to a relative (if the child moves from foster care to relative care);
  - Provide a copy to the child's health care provider for follow up;
  - Use it to obtain specific mental health services for the child;
  - Refer for further assessment if a child shows delays or problems in any domains;
  - Refer to the Foster Care Assessment Program (FCAP) if the child's Kidscreen indicates high risk for placement disruption; and
  - Use it to discuss the child's needs and issues with the parents.

SHARING KIDSCREEN RESULTS AND ACTION PLANS WITH CAREGIVERS

This is the social worker's role and responsibility.

- The Kidscreen Results - Staffing and Action Plan must be shared with foster parents and relative caregivers. Sharing this information with caregivers, helps them to understand the needs of the child placed with them, the Children's Administration plan to care for the child, and their roles and responsibilities in carrying out the Action Plan. The Action Plan may also identify the supports to be provided to the caregivers to assist them in meeting the needs of the child.

  Written agreements with foster parents and/or relative caregivers should be developed whenever possible. Agreements should clearly delineate the recommended services as well as who has responsibility for seeing that services are provided.
- Written agreements with others such as private agencies, Hope Centers, or Behavioral Resource Services (BRS) providers will depend on the contract responsibilities and/or private agency agreements these providers have with CA.

SHARING KIDSCREEN RESULTS AND ACTION PLANS WITH BIRTH PARENTS, MEDICAL PROVIDERS, AND OTHER SERVICE PROVIDERS

This is primarily a social worker role, however specialists can assist and collaborate with the assigned social worker in the following actions.

- The Kidscreen Results - Staffing and Action Plan must be shared with birth parents. Sharing this information with parents helps them to understand the needs of their child, the Children's Administration plan to care for the child, and their roles and responsibilities in carrying out the Action Plan.

  NOTE: Kidscreen information will be stored in the case record, Health & Education Section. This information, as other information in the case, is discoverable. When the Kidscreen results include confidential health issues (HIV), or other sensitive information, refer to CA Case Services Policy Manual,"Chapter 4000 Case Planning, Section 4100 - Requirements For All Case Planning, 4120 Confidentiality," and "Chapter 5000 Service Delivery, Section 5742 - Notification of Shelter Care Hearing, E. Legal Access to Agency Records." If questions still remain, discuss the issues with your supervisor or an AAG prior to releasing this information.

- Kidscreen information is to be shared with a child/youth if they are age 12 and over in a similar manner as ISSP's and legal documents are now shared. The social worker will need to explain the meaning of the information to the youth using discretion and sensitivity. Social workers may want to discuss how best to provide this information to the child with both the caregiver, and the child's therapist.

- Kidscreen information can be shared with the medical provider when a Kidscreen is close to completion prior to a child's Well Child/EPSDT medical exam. This can assist medical providers in doing a more comprehensive examination. Regions are providing information about the screening process to local medical providers through orientation. This has also been done on a statewide level through Medical Assistance Administration.

- Kidscreen information should be shared with service providers who are responsible for portions of the child's Action Plan.

REVIEWING AND TRACKING THE IMPLEMENTATION OF THE CHILD'S ACTION PLAN/SERVICE PLAN

This is the responsibility of the assigned social worker.

- The assigned social worker is responsible for reviewing the status of the child and the current case plan on a regular basis. This is done to determine:
  - If the agreed upon plan is being implemented;
  - If the child's needs have changed; and
  - If a new or revised plan needs to be developed to meet the child's needs.
- Children's needs change over time. Obtaining the views from individuals having consistent contact with the child can help social workers assess how well each part of the action/service plan is working. In reviewing the child's needs and the effectiveness of the current plan, the social worker should seek input from the child and relevant individuals (foster parents/relative caregivers, school counselors, etc.).
- Some examples of additional questions to consider are:
  - Was the child able to get in for a physical/dental exam?
  - How did the session with the therapist go?
  - Is the child's teacher seeing any changes since the child began therapy?
  - Is the mental health service focusing on specific concerns as requested?
  - Are there new concerns - does the child need further assessment?
  - Are there pieces of the plan that are working/not working?
  - Is the plan making a difference for the child?
- When an ISSP is updated, the social worker will be able to track whether the services being provided are making a difference in meeting the child's needs. Case plans and services can be adjusted where necessary and appropriate.

FINDING RESOURCES TO MATCH IDENTIFIED NEEDS

Some identified needs will be easier to meet than others. Some will require work to locate and/or access a suitable resource. Social workers and specialists will need to collaborate between themselves and others in identifying resources to link children with services. Resources can be identified in several ways:

- Supervisors and co-workers are a good source of knowledge about resources.
- Community Resource Program Managers, in areas where they exist, can assist with locating resources for children.
- Some offices purchase a local resource guide. These guides provide specific information about resources ranging from counseling to food banks. In some areas, this directory is updated every few years. The experience of co-workers in using resources can help to identify those resources which have been successful in meeting particular needs.
- Regional Liaisons, for both foster parents and relative support groups can be a valuable source of information.
- Management staff may be able to work with community partners to develop new resources if necessary and appropriate.
- If a specific need for a child has been identified and there is no appropriate available resource to meet that need, this should be documented in an SER and the ISSP. This will enable CA to track gaps in service and develop strategies to try to meet these needs. Social workers should discuss with their supervisors the most appropriate, if any, alternative resource or means for meeting the child's needs.

Kidscreen Tools Descriptions

DEVELOPMENTAL DOMAIN

- AGES & STAGES - 4 MONTHS TO 5 YEARS

The Ages & Stages Questionnaires (ASQ) is a screening system comprised of 19 questionnaires. They are broken out by intervals between 4 months of age to 60 months (5 years) of age. The ASQ is used to identify young children who are in need of further evaluation. Each questionnaire contains 30 developmental items. They are divided into five areas: communication, gross motor, fine motor, problem solving, and personal-social. The philosophy behind the ASQ is that early identification of children whose developmental trajectory is delayed or atypical is essential to begin timely action for alleviating problems. The questionnaires are designed to be completed by parents or primary caregivers who observe the children completing the activity. For scoring the ASQ, the responses "yes, sometimes, and not yet" are converted into points "10, 5, and 0." These points are then totaled for each area. The five area scores are compared with cutoff points shown on bar graphs on the ASQ Information Summary Sheets. If the child's score falls in the shaded portion of the bar graph in any developmental area, then further assessment is recommended. Videotapes are available, and will be provided to each region.

- DENVER DEVELOPMENTAL SCREEN - NEWBORNS TO 4 MONTH

The Denver II is used to screen infants and children for possible developmental problems. For Kidscreen purposes, it will only be used for infants 0-4 months. Trained paraprofessionals and professionals administer the test. Performance-based and parent report items are used to screen infants' development in four areas: gross motor, language, fine motor-adaptive, and personal-social. It is a valuable tool in assessing development because it can screen children who are apparently normal for possible problems, and confirm intuitive suspicions objectively. It is not an IQ test, nor will it predict what the infant's future intelligence or ability will be. The infant's exact age is calculated and marked on the score sheet. The scorer then administers selected items based on where the age line intersects each functional area. The scorer can then determine if the infant's responses fall into or outside of the normal expected range for his/her age. Videotapes on administering the Denver II will be available for each region to have for their use.

EMOTIONAL/BEHAVIORAL DOMAIN

- CHILD BEHAVIOR CHECKLIST -1 1/2 - 18 YEARS

The Achenbach Child Behavior Checklist (CBCL) is designed to be a comprehensive approach to assessing adaptive and maladaptive functioning. It records both a child's competencies and problems as reported by parents, teachers, and the youngsters themselves. It is broken out in this way: CBCL ages 1 1/2 - 5 years, and CBCL ages 4 - 18 years.* There is also a Caregiver-Teacher Report Form (C-TRF) for ages 1 1/2- 5, and a Teacher's Report Form (TRF) for ages 5-18. Additionally, there is a Youth Self Report (YSR) for ages 11-18. A parent or caregiver who has known the child for a minimum of 60 days provides information for the CBCL. For Kidscreen, if information cannot be obtained from the parent, then (for all children who are in preschool, daycare, and/or school), the C-TRF or the TRF is sent out to obtain information from those sources regarding the child.

For children, ages 11-18, the YSR is administered to obtain information directly from these youngsters. This approach, called "multiaxial" provides a system of cross checks about a child's functioning in the area of emotional health. The CBCL is designed to provide standardized descriptions of behavior rather than diagnostic inferences. Scoring for the CBCL can be done by hand or with their Assessment Data Manager software. Scores indicate whether a child is in the normal, borderline, or clinical range. Scoring also indicates whether the child has 'internalizing" or "externalizing" problems.

*The CBCL ages 4-18 is being revised and will become CBCL for ages 6-18.

PRELIMINARY IDENTIFICATION OF FAMILY/SOCIAL ISSUE FOR KIDSCREEN

Kidscreen specialists need to complete the following information for all children who are being screened. This is a preliminary identification of issues and/or risk.

STATE OF WASHINGTON
CHILDREN'S ADMINISTRATION
DIVISION OF CHILDREN AND FAMILY SERVICES

CHILD'S NAME:	CASE #:	CAMIS I.D.
PRIMARY CARETAKER NAME:	SOCIAL WORKER:	SPECIALIST:
DATE :		

A. CARETAKER CHARACTERISTICS (IDENTIFY CARETAKERS)

CARETAKER 1:	**CARETAKER 2:**

Information about issues listed here can be obtained from a CPS risk assessment, an FRS family assessment, court /legal documents, the case record, or a focused interview with the social worker.

ENTER "1" IF AN ISSUE, "2" IF NOT AN ISSUE, "3" IF NOT APPLICABLE (NO CARETAKER 2).

		CARETAKER 1	**CARETAKER 2**
1	Substance Abuse		
2	Mental-Emotional, Intellectual, or Physical Impairments		
3	Parenting Skills/Expectations of Child		
4	Empathy/Nurturance/Bonding		
5	History of violence or sexual offenses (towards peers, and/or children)		
6	Protection of child by non-abusive caretaker		
7	Recognition of problem/motivation to change		
8	History of CA/N as a child		
9	Level of Cooperation (include past and current level of cooperation)		

B. FAMILIAL, SOCIAL, AND ECONOMIC FACTORS **FAMILY**

10	Stress on Family	
11	Social Support for Family	
12	Economic Resources of Family	
13	Domestic Violence (violence between intimate partners). Explain:	

ADDITIONAL COMMENTS ABOUT ANY ISSUES IDENTIFIED: **SOURCE OF INFORMATION:**

KIDSCREEN EVALUATION RESULTS
Staffing and Action Plan

DATE

CHILD'S IDENTIFYING INFORMATION

Child's Name | DOB | ❑ Male ❑ Female

Child's CAMIS Person ID | Child's CAMIS Case Number

Is the child LEP? ❑ Yes ❑ No Is the child Native American? ❑ Yes ❑ No

Child's placement is entered in CAMIS? ❑ Yes ❑ No | Date of Placement:

Program type at date of placement: ❑ CPS ❑ CWS ❑ FRS

Type of Placement: ❑ FC ❑ Relative Caregiver ❑ CRC ❑ GH (BRS) ❑ Other

Kidscreen Specialist | DCFS Social Worker

PHYSICAL DOMAIN

❑ EPSDT EXAM COMPLETE | DATE COMPLETED

Provider's Name/Number

Concerns | Recommendations

❑ EPSDT Exam Not Completed

Reason for noncompletion:

❑ Scheduled for future date ❑ No medical provider available ❑ Social Worker delay ❑ Other

DEVELOPMENTAL DOMAIN

❑ Denver II (0-4 months of age)

Age at administration ❑ Check if corrected for prematurity (if applicable)	**No apparent concerns**	**Possible delay**	**Probable delay**
Communication	❑	❑	❑
Gross Motor	❑	❑	❑
Fine Motor	❑	❑	❑
Adaptive	❑	❑	❑
Personal/Social	❑	❑	❑

Reason for noncompletion ❑ Caregiver not available ❑ Birth Parent not cooperative ❑ Other

Concerns expressed by caregiver:

Person providing the information **LEP** ❑ Yes ❑ No

DEVELOPMENTAL DOMAIN CONTINUED

❑ **Ages and Stages** (4 months to 6 years of age)

Age at administration ❑ Check if corrected for prematurity (if applicable)	**No apparent concerns**	**Possible delay**
Communication	❑	❑
Gross Motor	❑	❑
Fine Motor	❑	❑
Problem Solving	❑	❑
Personal/Social	❑	❑

Reason for non-completion ❑ Caregiver not available ❑ Birth Parent not cooperative ❑ Other

Concerns expressed by caregiver

Person providing the information LEP ❑ Yes ❑ No

FAMILY/SOCIAL DOMAIN

PRELIMINARY IDENTIFICATION OF ISSUES:	**CONCERNS:**
Case Record Review:	**CONCERNS:**
Social Worker Interview:	**CONCERNS:**

❑ Yes ❑ No **Substance use/abuse by child/teen**

❑ Yes ❑ No **Other concerns about child not addressed elsewhere**

Concerns:

Source of information:

EDUCATIONAL DOMAIN

EDUCATIONAL RECORDS (current)	**RECEIVED** ❑ Yes	**Concerns:** ❑ No
IEP (current)	**RECEIVED** ❑ Yes	**Concerns:** ❑ No
School Documents	**RECEIVED** ❑ Yes ❑ No	**List documents/concerns:**

Reason for non-completion:

❑ School vacation ❑ Child not in school

❑ Unable to locate school ❑ Requested on awaiting records

EMOTIONAL/BEHAVIORAL

FORM USED: ❑ CBCL $1^1/_2$ - 5 ❑ C-TRF $1^1/_2$- 5 ❑ CBCL 4-18 ❑ TRF 5-18 ❑ YSR 11-18

CBCL COMPLETED ($1^1/_2$ TO 18 YRS OF AGE) **DATE COMPLETED:**

Child Behavior Problems Score	**Borderline Range**	**Clinical Range**
Total Score	❑ Yes ❑ No	❑ Yes ❑ No
Externalizing	❑ Yes ❑ No	❑ Yes ❑ No
Internalizing	❑ Yes ❑ No	❑ Yes ❑ No

Person providing the information **LEP** ❑ **Yes** ❑ **No**

❑ CBCL Not Completed

Reason for noncompletion:

❑ Parent unable/unwilling to provide information ❑ Caregiver not available ❑ Other

STAFFING

NAME OF CHILD	DATE

The Kidscreen Specialist is to provide a summary of results and information gathered for each domain. Please emphasize any areas of concern noted in each domain. This information is to be shared at the "Kidscreen Summary Staffing".

Those present at the staffing will discuss the results and concerns to be addressed. They will develop and note a proposed action plan (in the space provided) for each domain. This action plan must be in the Child's ISSP and is to be used in decision making for the child.

The assigned social worker must share the information below with the out of home caregiver and the parents. It may be shared with other appropriate parties such as, adolescent child, therapists, judges, and guardian ad litems at the social worker's discretion.

SUMMARY OF DOMAINS

PHYSICAL

1. Identified child needs:
2. Action Plan:
3. Desired Outcome (if appropriate):

DEVELOPMENTAL

1. Identified child needs:
2. Action Plan:
3. Desired Outcome (if appropriate):

FAMILY/SOCIAL

1. Identified child needs:
2. Action Plan:
3. Desired Outcome (if appropriate):

EDUCATIONAL

1. Identified child needs:
2. Action Plan:
3. Desired Outcome (if appropriate):

EMOTIONAL/BEHAVIORAL

1. Identified child needs:
2. Action Plan:
3. Desired Outcome (if appropriate):

SUMMARY OF KIDSCREEN RESPONSIBILITIES

KIDSCREEN SPECIALIST	SOCIAL WORKER
■ Collaborate with all program supervisors in identification of children to be screened	■ Gather information about child and family at the time of placement
■ Completion of the screening tools within 30 days of placement	■ CPS, CWS, FRS
■ Administer and score standardized tools	■ Input placement & legal into CAMIS per CAMIS Policy
■ Collaborate with SW in referring child for Well Child/EPSDT medical exam	■ Provide child and family information to screening specialist
■ Request educational information	■ Refer child for Well Child/EPSDT medical exam
■ Interpret scores and significance for assigned SW, birth family, and caregivers	
■ Document results of screening on child onto Kidscreen Evaluation Results - Staffing & Action Plan	
■ Inclusion of information in Passport (SW Menu)	
■ Staff Kidscreen results with SW, and other appropriate individuals	■ Establish a timely staffing and participate in Kidscreen staffing with KS specialist and others
■ Develop Kidscreen action plan in conjunction with SW, and other appropriate individuals	■ Develop action plan with specialist, and others based on Kidscreen results
■ Be available for further consulting with SW	■ Document Kidscreen action plan and child's needs in ISSP
	■ Discuss Kidscreen results with birth parents in developing ISSP
	■ Find resources to match the child's identified needs
	■ Discuss Kidscreen results with caregiver in supporting FC rate, and how this placement can meet the child's needs
	■ Review and track the implementation of the action plan/service plan

Washington State
Department of Social
& Health Services

Kids Come First Action Agenda
Children's Administration

www.wa.gov/dshs/ca/ca2hp.html

DSHS 22-567(X) (1/02)